

UNITED STATES DEPARTMENT OF COMMERCE Patent and Tredemark Office Address: COMMISSIONER OF PATENTS AND TRADEMARKS Washington, D.C. 20231

SERIAL NUMBER	FILING DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKETT NO.
			EXAMINER
			E-Pontisci)
			ART UNIT PAPER NUMBER
	•	EXAMINER INTERVIEW SUMMARY RECO	DATE MAILED: DRD
All participants (applicar	nt, applicant's representa		
Clari	Nonue		
(1) Chau	1 LI	0.01	
(2) Bradles	y LyTle	(4)	
Date of interview	9/2/99		
Type: Telephonic	Personal (copy is giv	ren to applicant applicant's representative).	•
Exhibit shown or demor	stration conducted: '	Yes No. If yes, brief description:	
Agreement (was rea	sched with respect to sor	ne or all of the claims in question. was not reached.	•
Claims discussed:	19		
Identification of prior art	discussed: Bre	itenbach etal. & HV	izd. Tr- etal.
toenshoadon of phor are			
Description of the gene	ral nature of what was ag	greed to if an agreement was reached, or any other com	nments: Discussed the range
in the ele	ins and	the ranges disclosed in	BreitenBach & Hvizd.
1. V V _ U.S		7	
			<u>.</u>
(A fuller description, if n	ecessary, and a copy of	the amendments, if available, which the examiner agree	ed would render the claims allowable must be
		ints which would render the claims allowable is available	a, a summary thereof must be attached.)
		de a separate record of the substance of the interview. to indicate to the contrary, A FORMAL WRITTEN RESP	PONSE TO THE LAST OFFICE ACTION IS NOT
WAIVED AND MUST II action has already been	NCLUDE THE SUBSTAN In filed, then applicant is (NCE OF THE INTERVIEW (e.g., Items 1-7 on the revers given one month from this interview date to provide a sta	se side of this form). If a response to the last Office atement of the substance of the interview.
requirements t response requ	hat may be present in th irements of the last Offic	ry above (including any attachments) reflects a complet e last Office action, and since the claims are now allowa e action. Applicant is not relieved from providing a sepa	able, this completed form is considered to fulfill the
box 1 above is	also checked.	(har mun
PTO: 440 (PE) (0 CC)		Examiner's Sign	nature